

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39793**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek typ 6</u>				c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8-7-10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove rt Salem</u>				e. STREET ADDRESS (If rural, give location) <u>Cedar Grove rt Salem Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dow</u>		b. (Middle) <u>E</u>		c. (Last) <u>Stockton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1957</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 24 1905</u>		9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>52</u>		11. DAYS <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooksville Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Oscar Stickton</u>		13b. MOTHER'S MAIDEN NAME <u>Aminda West</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Sybert Stockton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>375 10 9242</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vera Sybert Stockton Salem Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11-21-1954</u> to <u>12-5-1957</u> , that I last saw the deceased alive on <u>12-5-1957</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. E. Mitchell M.D.</u>				23b. ADDRESS <u>Salem Mo.</u>		23c. DATE SIGNED <u>12-7-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 7 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/7/57</u>		REGISTRAR'S SIGNATURE <u>M. M. Holt M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Carl H. Danner</u>		ADDRESS <u>Salem Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1951

JAN 6 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 2370
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.